

Amendment Transmittal

TOWNSEND and TOWNSEND and CREW LLP
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San Francisco, California 94111-3834
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Attorney Docket No. 16303-007120US

In re application of: Phalgun B. Joshi *et al.*

Date: December 21, 2000

Application No.: 09/295,663

Filed: April 21, 1999

Group Art Unit: 1632

For: COMBINATION THERAPY USING NUCLEIC ACIDS
AND CONVENTIONAL DRUGS

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

I hereby certify that this is being deposited with the United States
Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents
Washington, D.C. 20231

Signed: _____

Claudia Chavez

RECEIVED

JAN 09 2001

Sir:

Transmitted herewith is an amendment in the above-identified application.

TECH CENTER 1600/2900

☒ Enclosed is a petition to extend time to respond (in triplicate).

☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☒ A return postcard is attached.

If any extension of time is needed, then this response should be considered a petition therefor.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA
TOTAL	39*	MINUS	** 55	=	0
INDEP.	5*	MINUS	*** 5	=	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE		RATE	ADDIT. FEE
x \$9.00 =	\$0.00		x \$18.00 =	
x \$40.00 =	\$0.00		x \$80.00 =	
+ \$135.00 =			+ \$270.00 =	
TOTAL ADDIT. FEE	\$0.00	OR	TOTAL	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☒ No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

☐ Claims fee

\$ _____

☒ Any additional fees associated with this paper or during the pendency of this application.

NO extra copies of this sheet are enclosed.

Customer No. 20350

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